## **The City of Bedford Heights**

5661 PERKINS ROAD BEDFORD HEIGHTS, OHIO 44146 PHONE: 440-786-3237 FAX: 440-786-3277



## **INSPECTION APPLICATION FOR OCCUPANCY PERMIT**

FEE:		APPL	ICATION DAT	ГЕ:	
DATE PAID:		INSP	ECTION DATE	Ξ:	
RECD BY:		INSP	ECTION TIME	E:	
DWELLING ADDRESS:					
CIRCLE ONE OF THE FOLLOWING:	Condominium	Single	e Family	Townhou	ise
APPLICANT'S NAME:					
APPLICANT'S ADDRESS:					
APPLICANT'S PHONE #:					
CIRCLE ONE OF THE FOLLOWING:	Direct Sale	Rental	Lease or Co	mbination	Land Contract
OWNER'S NAME:					
OWNER'S ADDRESS:					
OWNER'S PHONE #:					
PROSPECTIVE OCCUPANT(S) NAMI	E:				
PROSPECTIVE OCCUPANT'S ADDRI	ESS				
PROSPECTIVE OCCUPANT'S PHONE	E#:				
NUMBER OF PROSPECTIVE OCCUP	ANTS				
PROPOSED DATE OF OCCUPANCY:					
***BUILDING OR STRUCTU "TIME-LIMIT O					
THIS IS A VISUAL INTERIOR / EXTE	ERIOR INSPECTION	N. DYE TESTS	ARE PERFOR	MED FOR TH	E CONFIRMATION OF
PROPER SEWER CONNECTIONS ON	ILY. THE CITY AS	SUMES NO LIA	ABILITY OR R	ESPONSIBILI	TY FOR FAILURE TO
REPORT VIOLATIONS THAT MAY E	EXIST AND MAKES	S NO GUARAN	TEE WHATSC	EVER THAT	FUTURE VIOLATIONS
CANNOT, OR WILL NOT OCCUR.					
<b>INSPECTIONS ARE VA</b>	ALID FOR 6 MONT	THS AND DYE	TEST ARE V	ALID FOR 12	MONTHS.
	SELLER / AGE	NT SIGNATUR	E:		

INSPECTOR SIGNATURE: \_\_\_\_\_